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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058168

1. Corporation Name

ALL BUSINESS TRADING CORP.

Principal Place of Business

7270 NW 66TH STREET
MIAMI FL 33166

Mailing Address

7270 NW 66TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

65-0764790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 7468 UNIVERSAL BLVD

Suite, Apt. #, etc.

City & State

23 ORLANDO / FLORIDA

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 7468 UNIVERSAL BLVD

Suite, Apt. #, etc.

City & State

28 ORLANDO / FLORIDA

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

DUARTE, NORBERTO R
10355 NW 46TH ST.
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name DUARTE, NORBERTO R

82 Street Address (P.O. Box Number is Not Acceptable)
446 WATER STREET

83

84 City CELEBRATION

FL

85 Zip Code 34747

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRAGA, MARIO
STREET ADDRESS 10355 NW 46TH ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE VPSD ☐ DELETE

NAME DUARTE, NORBERTO R
STREET ADDRESS 10355 NW 46TH ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

438 WATER ST
Celebration FL 34747

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

446 WATER ST
Celebration FL 34747

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/99

(407) 3557810

CR2E034 (1/98)

0100303